

AUG-16-2004 16:23

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## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

06/30/2004

JOHN C. HUNT  
 TORY'S LLP  
 SUITE 3000, 79 WELLINGTON STREET WEST  
 BOX 270, TORONTO-DOMINION CENTRE  
 TORONTO, M5L 1A9  
 CANADA

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

John Hunt	(Depositor's name)
<i>John Hunt</i>	(Signature)
August 16, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/668,482	09/25/2000	P. Martin Petkovich	57600/00035	3039

TITLE OF INVENTION: RETINOID METABOLIZING PROTEIN

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	09/30/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SLOBODYANSKY, ELIZABETH	1652	435-069700

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

QUEEN'S UNIVERSITY AT KINGSTON

KINGSTON, ON CANADA

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee  
 Publication Fee  
 Advance Order - # of Copies \_\_\_\_\_

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Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

*John Hunt (36,424)* (Date) *Aug 16/04*

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PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

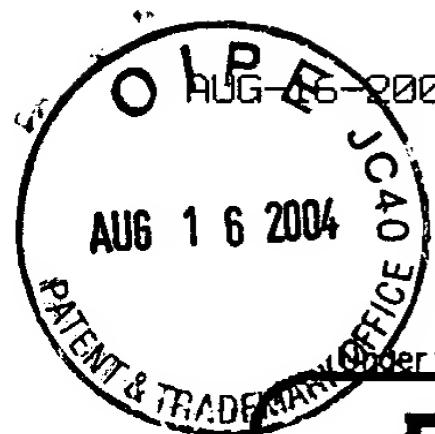
OMB NO 9110-0032 11-15-2003

PAGE 5/6 \* RCVD AT 8/16/2004 4:15:01 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-4/6 \* DNI:7464000 \* CSID:416 865 7380 \* DURATION (mm:ss):02:28

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PTO/SB/17 (10-03)  
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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 1330.00)
**Complete If Known**

Application Number	09/668,482
Filing Date	September 25, 2000
First Named Inventor	Petkovich et al.
Examiner Name	E. Slobodyansky, Ph.D.
Art Unit	1652
Attorney Docket No.	32391-2005

**METHOD OF PAYMENT (check all that apply)**
 Check  Credit card  Money Order  Other  None

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 Deposit Account Name

TORYS LLP

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 Charge any additional fee(s) or any underpayment of fee(s)  
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**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee			
1002 340	2002 170	Design filing fee			
1003 530	2003 265	Plant filing fee			
1004 770	2004 385	Reissue filing fee			
1005 160	2005 80	Provisional filing fee			
<b>SUBTOTAL (1)</b>		(\$ 0.00)			

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	-20 <sup>**</sup> =	X	=	Fee Paid
Independent Claims				
Multiple Dependent				

Large Entity	Small Entity	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>		(\$ 0.00)

\*\* or number previously paid, if greater; For Reissues, see above

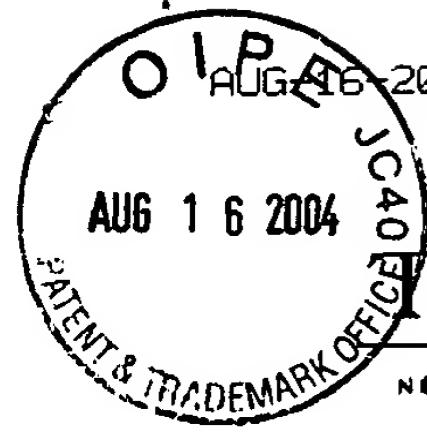
**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath			
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet			
1053 130	1053 130	Non-English specification			
1812 2,520	1812 2,520	For filing a request for ex parte reexamination			
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action			
1805 1,940*	1805 1,940*	Requesting publication of SIR after Examiner action			
1251 110	2251 55	Extension for reply within first month			
1252 420	2252 210	Extension for reply within second month			
1263 950	2263 475	Extension for reply within third month			
1254 1,480	2254 740	Extension for reply within fourth month			
1255 2,010	2265 1,005	Extension for reply within fifth month			
1401 330	2401 185	Notice of Appeal			
1402 330	2402 165	Filing a brief in support of an appeal			
1403 290	2403 145	Request for oral hearing			
1451 1,510	1451 1,510	Petition to Institute a public use proceeding			
1452 110	2452 55	Petition to revive - unavoidable			
1453 1,330	2453 685	Petition to revive - unintentional			
1501 1,330	2501 665	Utility issue fee (or reissue)		1330.00	
1502 480	2502 240	Design issue fee			
1603 640	2503 320	Plant issue fee			
1460 130	1460 130	Petitions to the Commissioner			
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)			
1806 160	1806 160	Submission of Information Disclosure Stmt			
8021 40	8021 40	Recording each patent assignment per property (times number of properties)			
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))			
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))			
1801 770	2801 385	Request for Continued Examination (RCE)			
1802 900	1802 900	Request for expedited examination of a design application			
Other fee (specify)					
*Reduced by Basic Filing Fee Paid				<b>SUBTOTAL (3)</b>	(\$ 1330.00)

SUBMITTED BY		(Complete if applicable)		
Name (Print/Type)	John C. Hunt	Registration No. (Attorney/Agent)	36,424	Telephone 416.865.8121
Signature	<i>John C. Hunt</i>		Date	August 16, 2004

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**TORYS** LLP  
NEW YORK TORONTOSuite 3000  
79 Wellington St. W.  
Box 270, TD Centre  
Toronto, Ontario  
M5K 1N2 CanadaTEL 416.865.0040  
FAX 416.865.7380[www.torys.com](http://www.torys.com)

100856

**Date** August 16, 2004 **Client-Matter #** 32391-2005  
**From** John C. Hunt, Ph.D. **Direct Tel** 416.865.8121  
**Page(s)** 6 (including this cover page)

<b>Recipient</b>	<b>Fax Number</b>	<b>Tel Number</b>
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**Comments****CERTIFICATE OF FACSIMILE TRANSMISSION**

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John C. Hunt, Ph.D.

Registration No. 36, 424

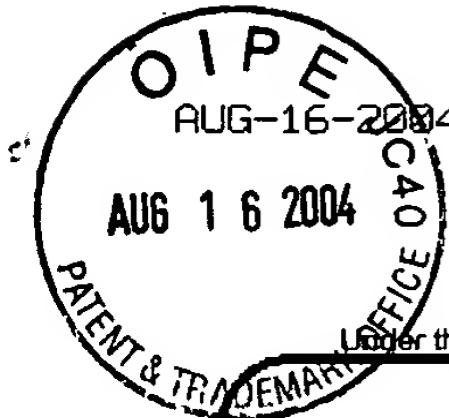
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Date

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FORM

(to be used for all correspondence after initial filing)

		Application Number	09/668,482
		Filing Date	September 25, 2000
		First Named Inventor	Petkovich et al.
		Art Unit	1652
		Examiner Name	Elizabeth Slobodyansky, Ph.D.
Total Number of Pages in This Submission	5	Attorney Docket Number	32391-2005

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	1. Issue Fee Transmittal
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD. Number of CD(s) _____	2. Fee Address Indication Form
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Torys LLP (Customer No. 33721) John C. Hunt, Reg. No. 36,424
Signature	
Date	August 16, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	John C. Hunt	Fax No.	1.703.746.4000
Signature		Date	August 16, 2004

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